

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lob	byist(s) Robert Clegg, [Debra Vanderbeek,	Periklis Karoutas, Lean Moo	ccia
II. Name of lob	byist's partnership, firn	or corporation, if a	any:	
	Legislative Solutions, L	.L.C.		
	(Name of partnership, firm	or corporation)		
	P.O. Box 10724	Bedford	NH	03110
Business Address	: (Street)	(Town/City)	(State)	(Zip Code)
() <u>603-986</u> (Teleph)(Fax	e-mail dbeek@	aol.com
	ent covers: (Choose one ense transactions which		•	nay file a separate report for
☐ All reportab	le transactions occurring	in the months prior to	the reporting date relative to	the following client:
		ndependent Living	11 1 2 2 2 2 2	
<u>OR</u>	(Full Name of Clien	nt as it appears on the L	obbyist Registration Form)	
— All reportable	e transactions by the lobb particular client.	yist (including the lol	bbyist's family), or the lobbying	ng firm listed below which are
IV. Date of Rep Reports cover:	oort April 26, 2017 activity from date of regis		July 26, 2017 A activity from 4/1/17 to 6/30/1	17
	October 25, 201' activity from 7/1/17 to		January 31, 2018 activity from 10/1/17 to 12/3	
	cked, complete just this fo		e transactions made since he Secretary of State's Office,	
	ditional reports are atta received fees or made exp		file Addendum A – Fees and l	Expenses
	paid an honorarium or rei		ou must file Addendum B - R	
□ If you, your	firm, or your family has	made political contrib	outions, you must file Addend	lum C—Political Contributions
I have read RSA	the best of my knowledge	C and RSA 664 and I	hereby swear or affirm that the $\frac{7}{10}$	e foregoing information is true
` `	100 3 131)	\$ J 0	(D	RECEIVED
Robert Clegg (Print Name of	lobbyist)			JUL 31 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Robert Clegg, Debra Vanderbeek, Periklis Karout	as, Leann Moccia
II. Name of lobbyist's partnership, firm or corporation, if any:	
Legislative Solutions, L.L.C.	
(Name of partnership, firm or corporation)	
III. Name of Client Granite State Independent Living	Date July 10, 2017
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 4500.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>0</u>
c) Total of all fees received to date (Add lines a and b)	c) \$ 4500.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ 0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to rep fees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of alle: meals purchased during a business than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25, purchase of the expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 4500.00
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>0</u>

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 4500.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ 4500.00
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from le period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
Kolig Cley	July 10, 2017
(Signature of lobbyist) Robert Clegg	(Date)
(Print Name of lobbyist)	•

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Debra Vanderbeek

(Print Name of lobbyist)

	affirmation by Lobby ne and Expenses for:	•	
Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative S	olutions
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check	one):		
April 26, 2017 □	July 26, 2017 💆	October 25, 2017 🗆	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A	s).		
Addendum B(s).		
Addendum C(s).		
	f my knowledge and be	lief.	nt and each Addendum is true and 10, 2017 (Date)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Name of Loodying par	rt <mark>nership, firm, or c</mark> orpo	oration: Legislative S	olutions	
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to an particular client):				
Date of Report (check	one):			
April 26, 2017 🗆	July 26, 2017	October 25, 2017 🗆	January 31, 2018 □	
the following Addend			nd Expenses described above, and umber of Addendum forms being	
submitted):			•	
Addendum A	s).		·	
			·	
Addendum A	s).			
Addendum A(Addendum B(Addendum C(I hereby swear or affi	s). s).		nt and each Addendum is true and	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:	
Name of Lobbying partnership, firm, or corporation:	Legislative Solutions
Name of Client (leave blank if Statement is for the partner particular client):	
Date of Report (check one):	
April 26, 2017	25, 2017 □ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement the following Addendums submitted with that Statement submitted):	
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	•
I hereby swear or affirm that the foregoing information or complete to the best of my knowledge and belief.	n the Statement and each Addendum is true and
Leann Mocria	July 10, 2017
(Signature of lobbyist)	(Date)
Leann Moccia	